Washington State Medicaid EHR Incentive Program (eMIPP)

Eligible Professional (EP) Training Guide

2015-2017 Modified Stage 2 & Stage 2

2015-2016 AIU

CONTENTS:

Steps for Eligible Professionals Applying for AIU and MU

Accessing eMIPP through ProviderOne:

Providers must attest to Adoption, Implementation of, Upgrading (AIU), to certified Electronic Health Records (EHR) technology, and to Meaningful Use (MU) within the eMIPP application to qualify for the EHR Incentive Payment.

- **Adoption:** Acquiring, purchasing, or securing access to certified EHR technology
- **Implementation:** Installing or commencing utilization of certified EHR technology capable of meeting meaningful use requirements
- **Upgrade:** Upgrading from existing EHR technology to certified EHR technology per the EHR certification criteria published by the ONC
- **Meaningful Use:** Expanding the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site, including staffing, maintenance, and training, or

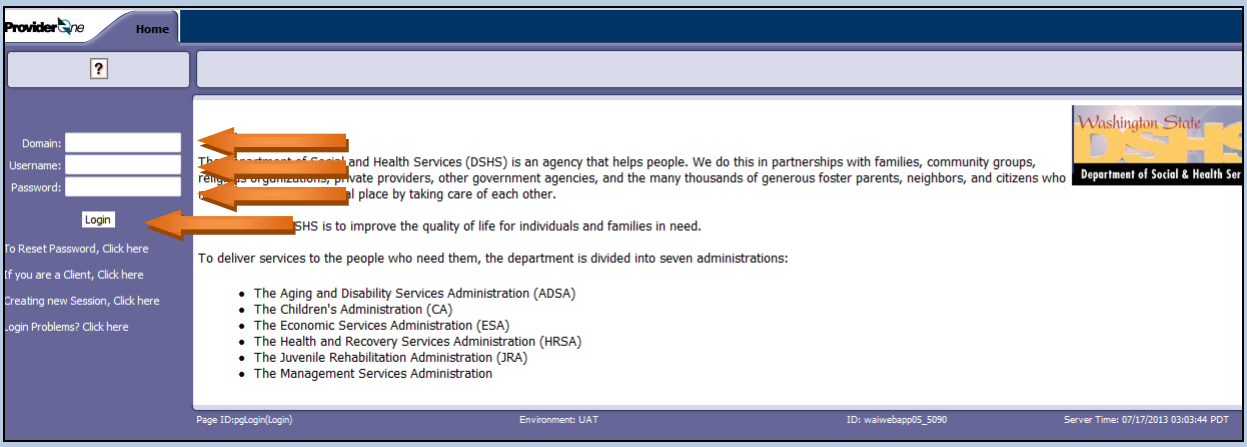
NOTE: Last year to enter the program is 2016.

After successfully completing your CMS registration
https://ehrincentives.cms.gov/hitech/login.action , you will need to apply for the EHR incentive payment with Washington State.

Log into ProviderOne using the logon information you received for the provider with the **Domain**, **Username**, and **Password.**
You will receive the above information from us in an automated email. If you do not receive them, within 3 days of submitting your CMS Registration, please contact our Security Department at provideronesecurity@hca.wa.gov from the email address that is listed as your contact on your CMS Registration.

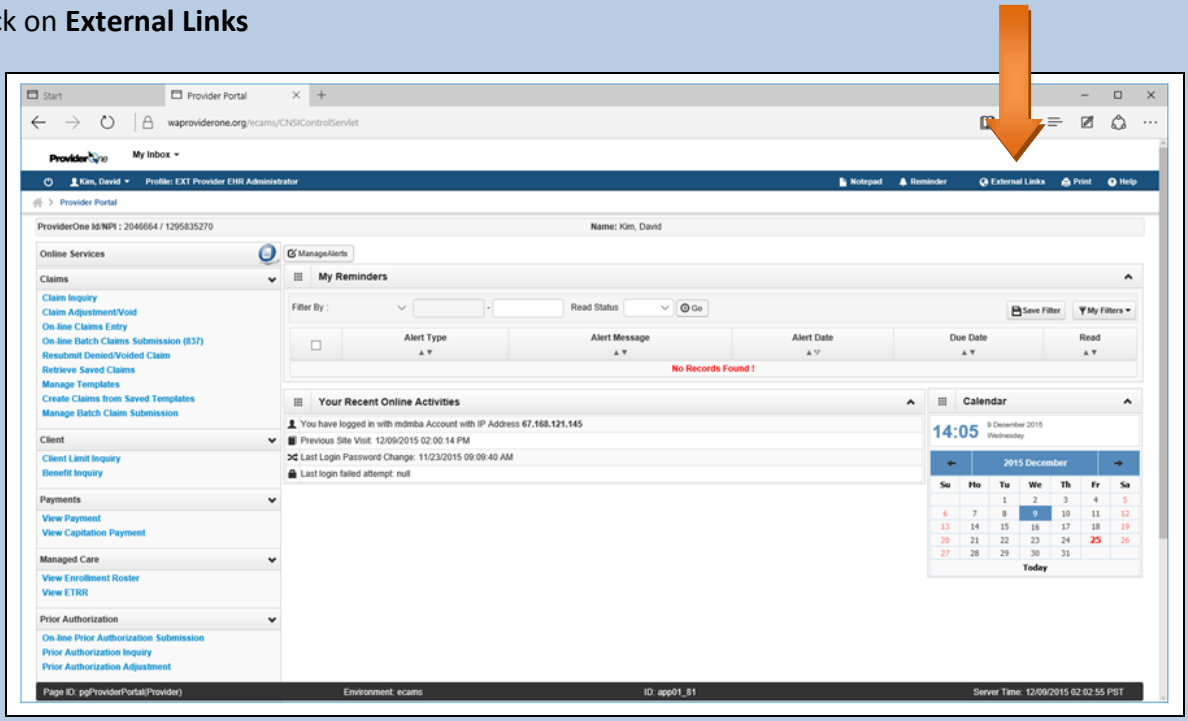
Login to ProviderOne

ProviderOne Portal link http://www.providerone.wa.gov/

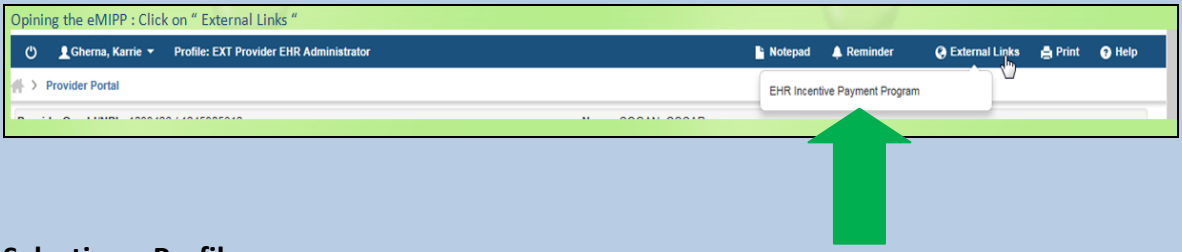


- Enter the Individual Provider's **Domain**
- **Username**, and
- **Password**
- Click **Login**

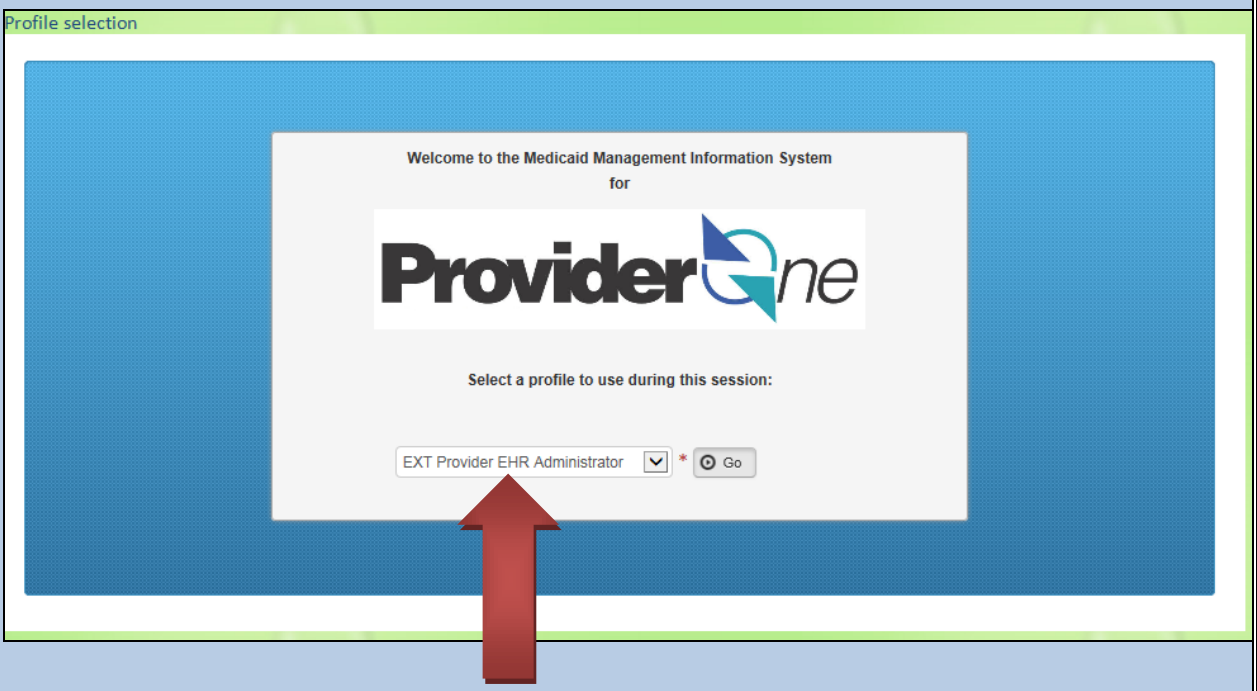
Click on **External Links**



Click on **EHR Incentive Payment Program** from the drop-down

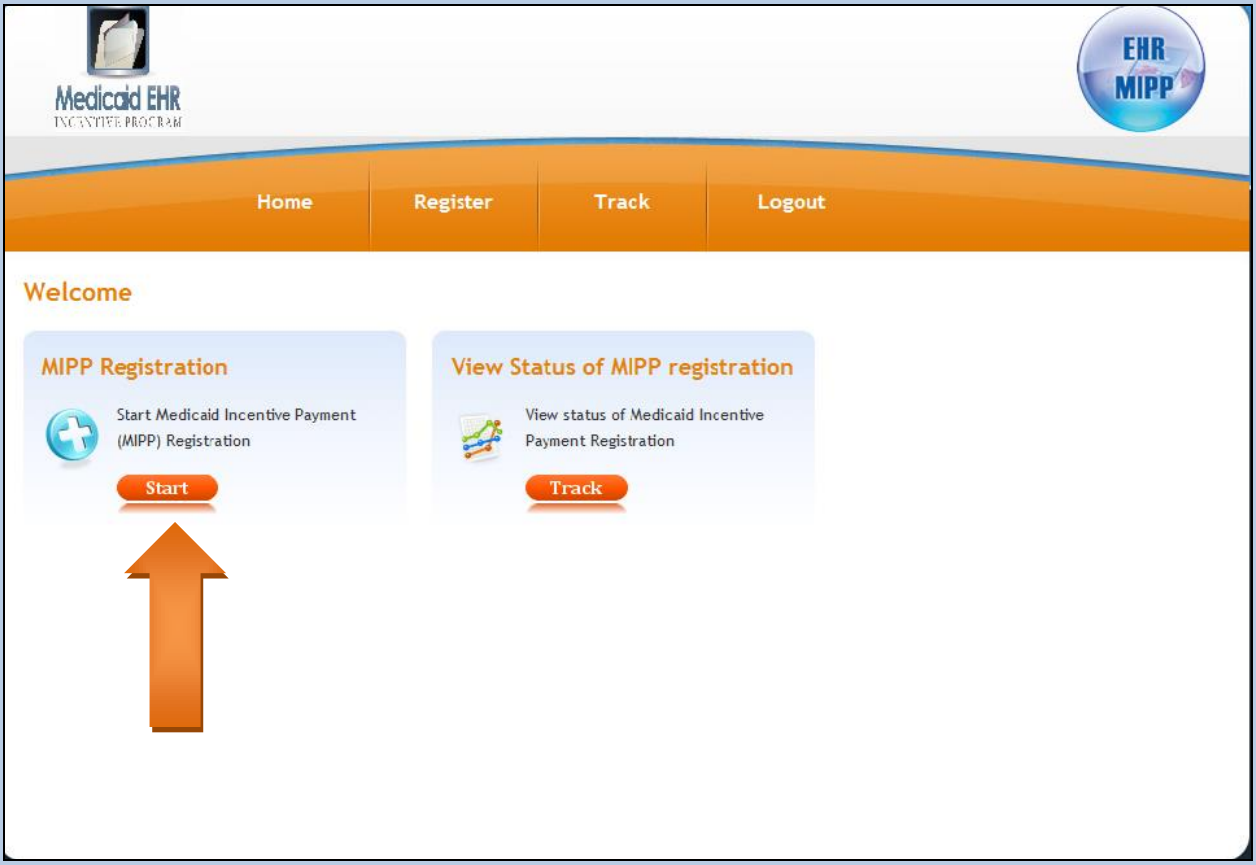


Selecting a Profile:



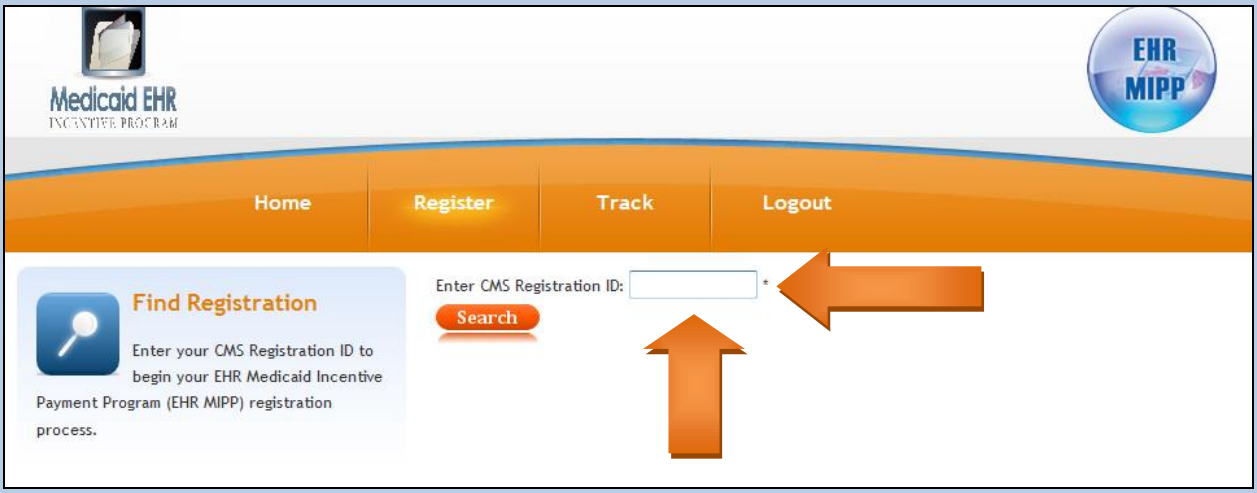
- Select **EXT Provider EHR Administrator**
- Click **Go**

BEGINNING THE ATTESTATION:



At the EHR MIPP (**eMIPP**) welcome screen, click on 

Enter your Registration ID:

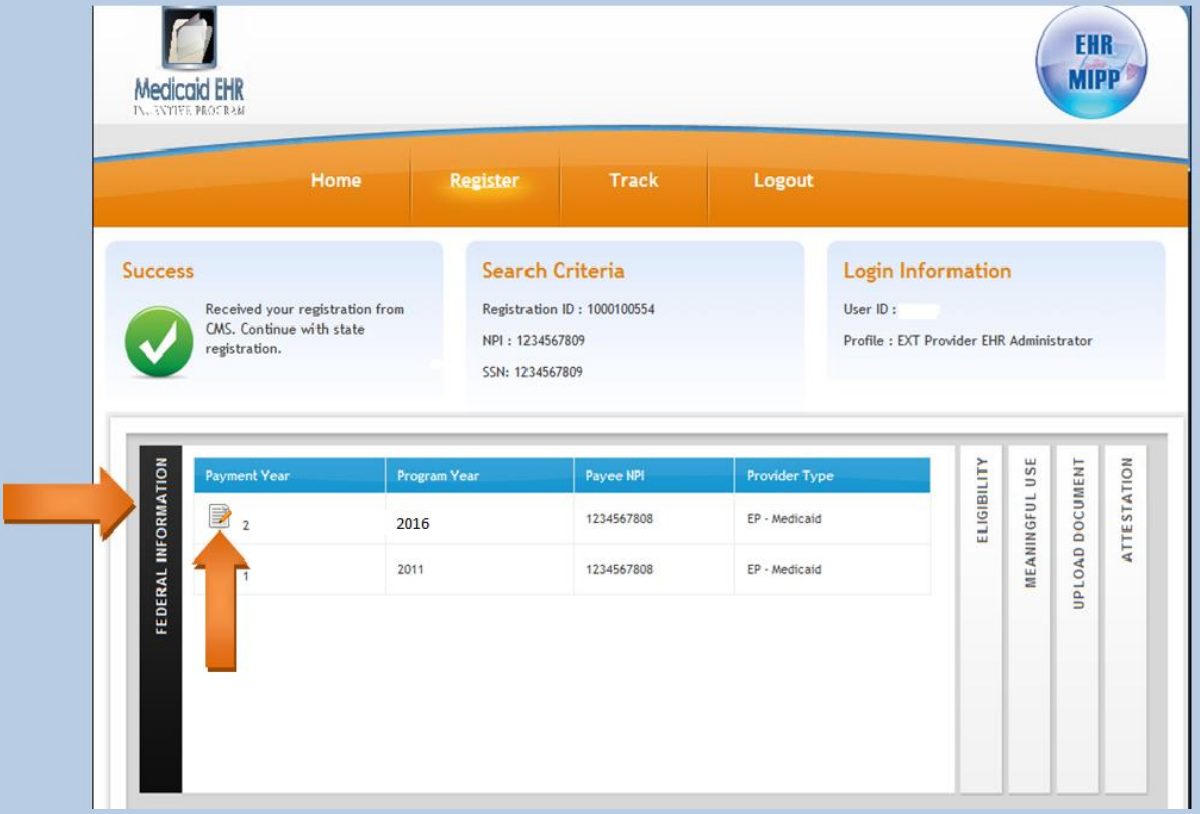


- Enter the CMS Registration ID (aka NLR Number)
- Click 

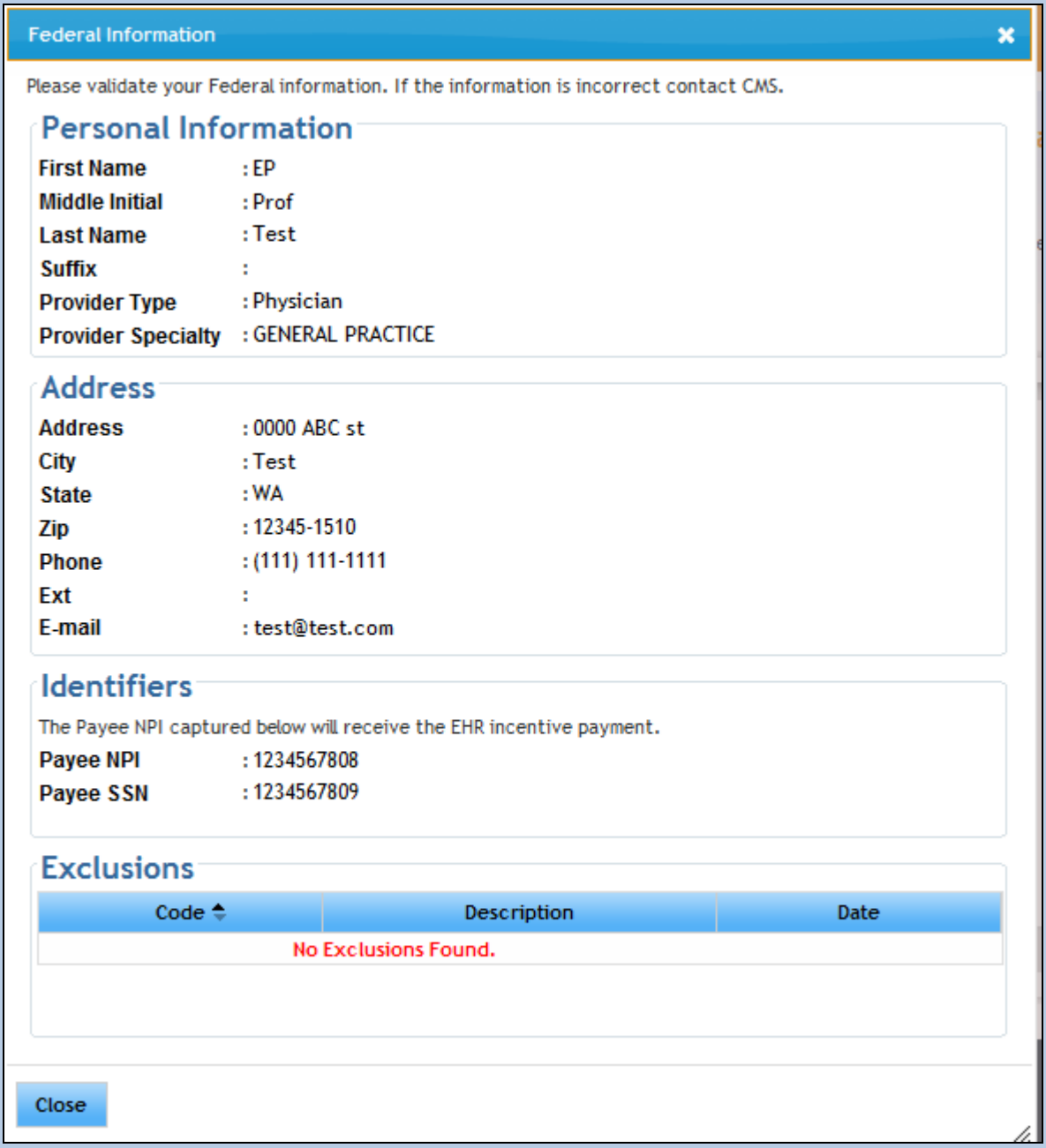
(see next page)

FEDERAL INFORMATION TAB:

- Select the **Federal Information Tab**
- Click on correct "**Payment Year" Icon**

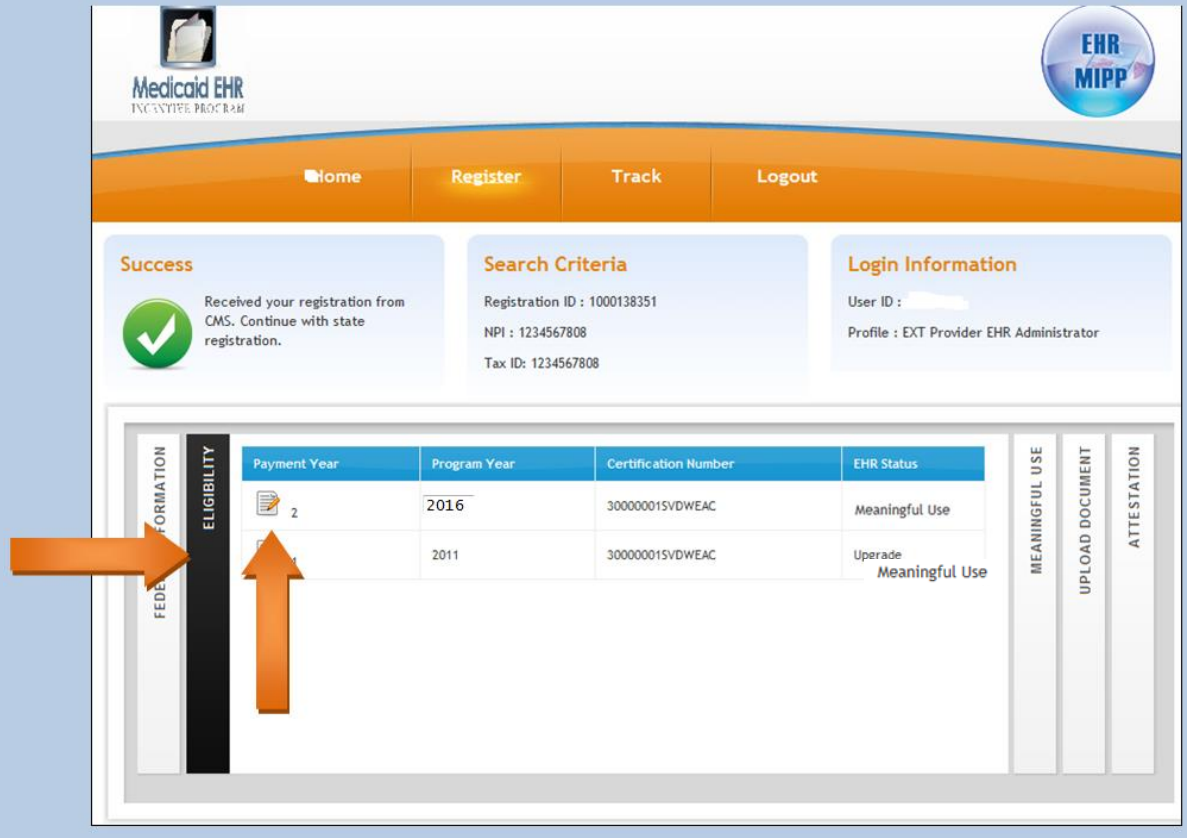


Review the **Federal Information** that CMS populated from your Registration.
If all is correct, then click on **CLOSE**.



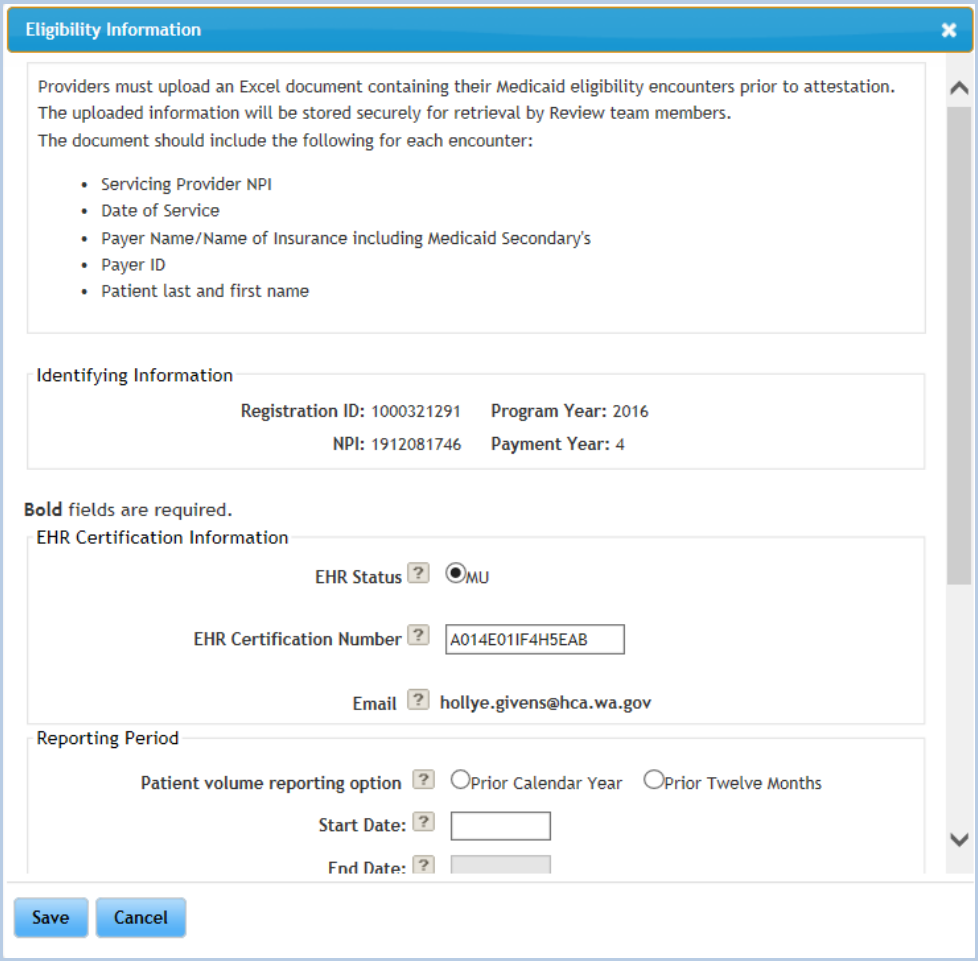
NOTE: To update CMS federal information on this tab, you must return to the CMS registration. Please, also make sure your email address is correct as that email will be receiving all EHR communications concerning the attestation. **Tool Tip:** It is suggested that you use a "generic" email (as opposed to an email with a person's name in it). This will be to your advantage if you have different staff that could be working on this project. We can only communicate with the email address showing on this tab.

ELIGIBILITY TAB:



- Click on the **Eligibility Tab**
- Click on the icon for the correct **Payment Year** icon

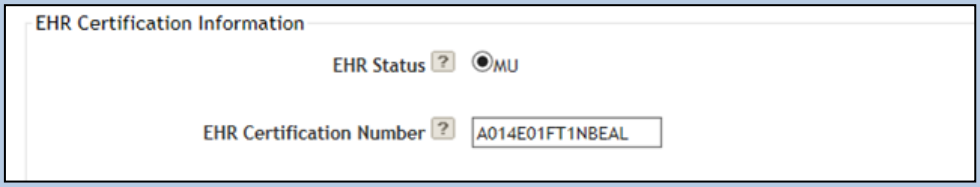
Fill out Eligibility Tab:



Mandatory encounter report (sample below). Make sure to identify, clearly, the Medicaid and Managed Medicaid encounters.

		(examples only)			
Patient Nam	Date of Encount	Primary Insurance Name	Primary ins	Secondary Insurance Nan	Provider's Name or NF
Doe, John	1/1/2014	Aetna	12346789SBV	Uniform Medical	12345678901
Mae, Daisy	2/25/2014	Delta Dental	6541321654-1	Regence	65415853189
Dog, Lucky	2/1/2014	Uniform Medical	36543213586	Aetna	65421598560
Devil, Cruella	2/2/2014	Medicaid- FFS	0000000000WA		95465165165
White, Snow	2/3/2014	MOLINA - HEALTHY OPTIONS (MEDICAID HMO)	54321-2		Johnstone
Pants, Grumpy	2/4/2014	Medicaid- FFS	0000000002WA		Everly
Doolittle, Eliza	2/5/2014	UNIFORM MEDICAL	65468756-02	Medicaid- FFS	Dickinson
Jeans, Green	2/6/2014	AMERIGROUP-WA - HEALTHY OPTIONS (MEDICAID HMO)	32165462-01		Johnstone
Stressed, R. U.	1/1/2014	CHPW- HEALTHY OPTIONS (MEDICAID HMO)	6546156685-01		Johnstone
Potter, Harry	1/2/2014	MOLINA-WA - HEALTHY OPTIONS (MEDICAID HMO)	6546156674		Everly
Orphan, Annie	1/3/2014	MEDICARE	715615643	Medicaid- FFS	Johnstone
Bond, James	1/4/2014	Medicaid- FFS	0000000001WA		Dickinson

Choose the EHR Status you want. For 2015-2016 you will see Adopt, Implement or Update as an option (AIU) as well. For subsequent year there will only be MU.



EHR CERTIFICATION INFORMATION:
This will populate from the CMS Registration information you entered. You must update it, if needed, in the CMS registration.

In 2015-2016 your EHR system must be a 2014 edition. If your ONC# does not have **14E** as the 3rd – 5th digit, then you have not entered a 2014 ONC #. Contact your EHR vendor if you need assistance.

The EHR Certification Number will be auto populated with the information entered at CMS. If it is not showing, you can enter it directly in this attestation. If a correction needs to be made to the number you entered in your CMS Registration it must be corrected in that registration, not in eMIPP.

NOTE: You must upload a copy of your ONC Certificate from the ONC Website: http://oncchpl.force.com/ehrcert

ONC WEBSITE INSTRUCTIONS
If you have a CHPL number you can enter that and pick your product easier. If not, follow the instructions below:

Look up the product by name (not number). Go To search and put a check next to your version number once
the list comes up (look for "complete EHR" under classification if there are more than one.
Select the VIEW PROGRESS button on the top left. Under the 4 colored circles (should have 100% in 3 of them),
Select GET CERTIFICATION ID. Hit PRINT. From there you can save it on your computer and upload into the attestations.

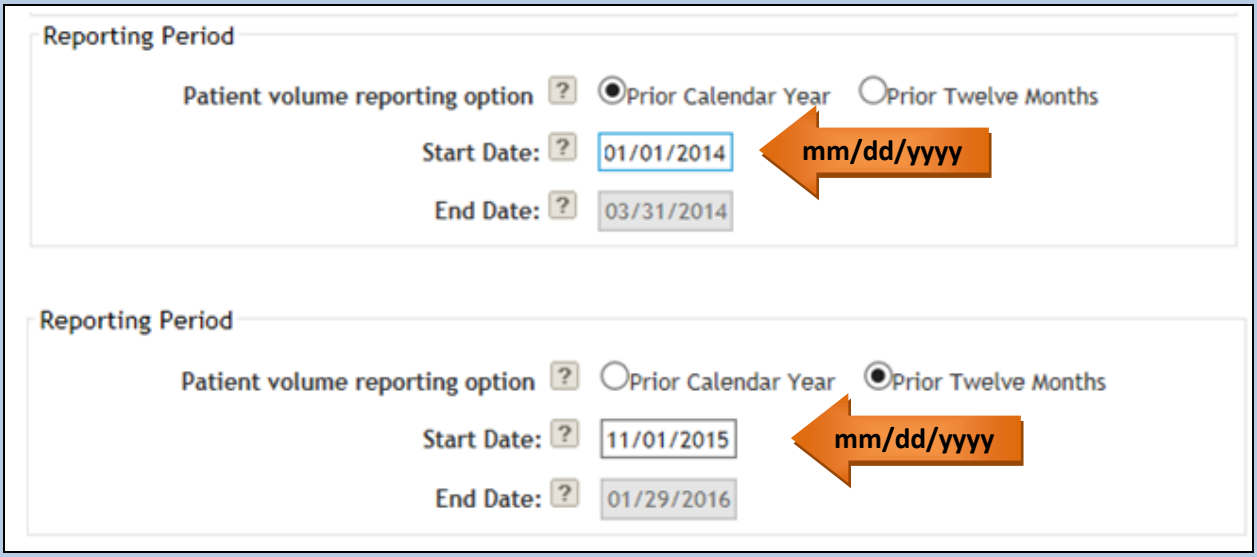
If you have a combination of products you will need to enter each product. For assistance, please contact your EHR vendor.

Make sure the number on the certificate is the same number in the EHR Certification Number field in eMIPP.

CLICK ON THE SAVE BUTTON WHEN COMPLETED.

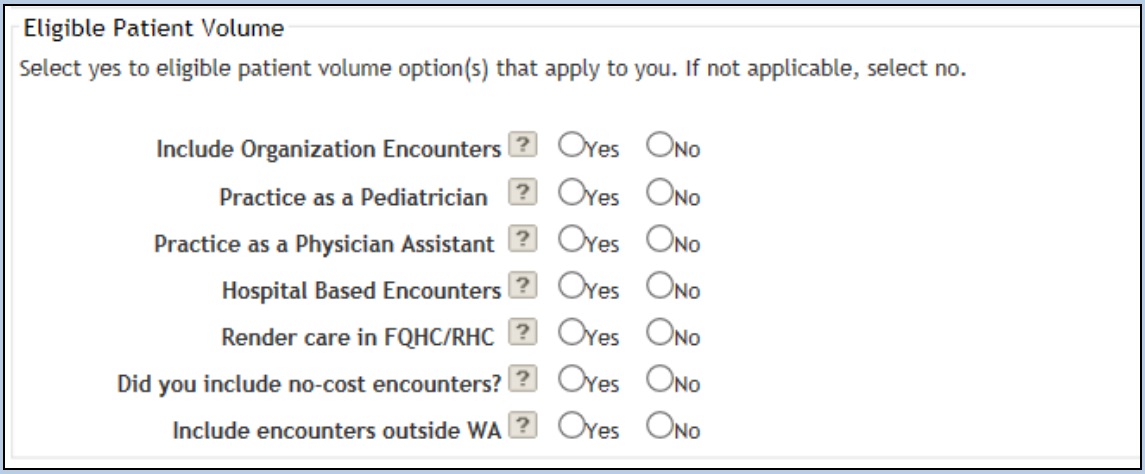
REPORTING PERIOD:

Prior Calendar Year vs Prior Twelve Months (example is for year 2015)



- **Patient Volume** reporting option. Prior Calendar Year or Prior 12-Months. NOTE: you will receive an error if you pick "prior calendar year" and try to enter dates from the current year.
- **Start Date:** Enter the beginning date of your 90-day date span (mm/dd/yyyy)
- **End Date:** Will auto-populate once you hit Enter or Tab

ELIGIBLE PATIENT VOLUME SECTION



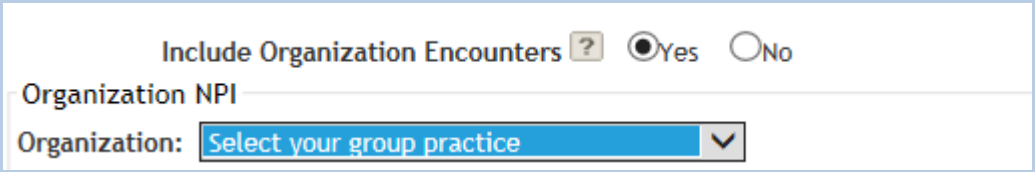
Answer each question by choosing the **Yes** or **No** radio button. In some cases an extra box will require more information.

No = applying with individual encounters.
Yes = applying with the Group Proxy method. Form will expand and ask for more information.

See below for details on each button:

Tool Tip: Hovering over the [?] will show a box with more detailed information:

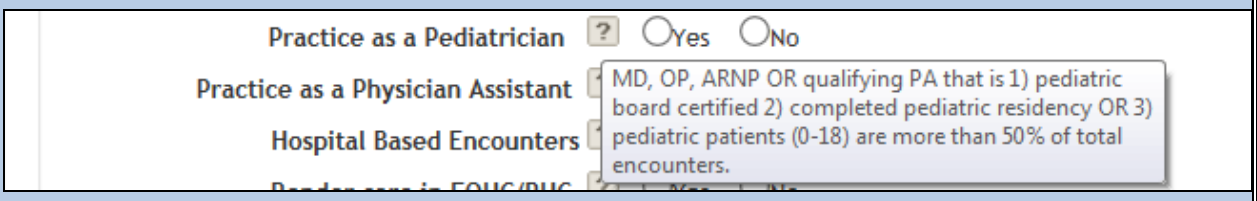
Include Organizational Encounters:



From the drop-down, pick the Organizational NPI you want to use. (If you do "not" see the NPI you want to use, that means that this provider needs to be added as a "servicing provider" under that Group's NPI in ProviderOne.)

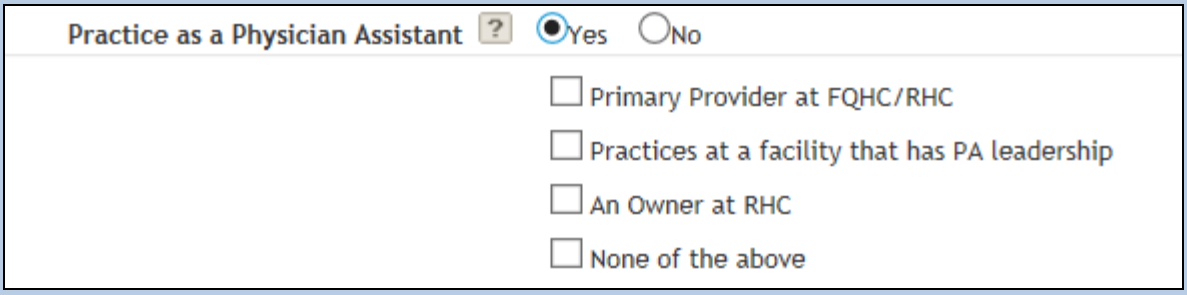
Practice as a Pediatrician:

Practice as a Pediatrician? YES or **NO**



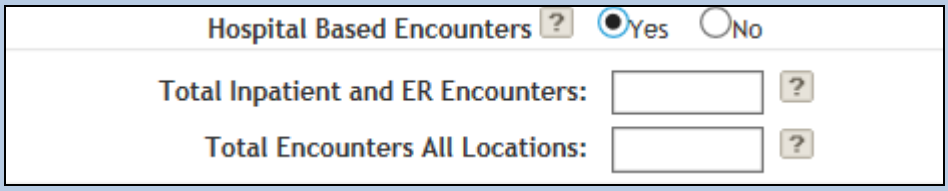
Practice as a Physician Assistant:

If yes, the form will expand and ask for more information. Choose "how" the PA Qualifies. **Note:** We will also require a letter, on letterhead and signed by the Medical Director, explaining why the PA meets the criteria. If you check "None of the Above", the PA is not eligible.



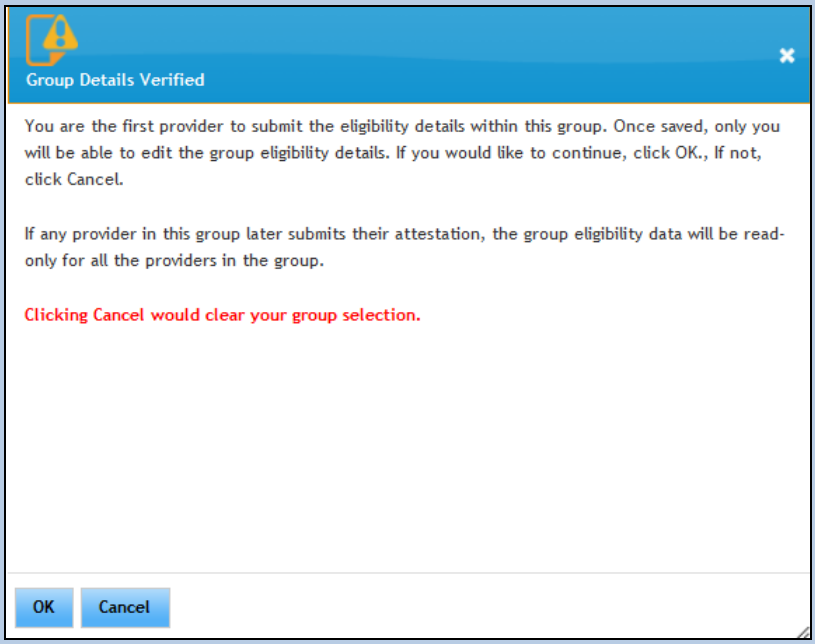
Hospital Based Provider:

Only select this box if you rendered any care in a hospital setting during the reporting period. This would include hospital inpatient and emergency room settings. This is based on the Place of Service Code (POS Code). Only POS Codes 21 (Inpatient Hospital), and 23 (Emergency Department) are included. When you select "Yes," an additional question will appear asking for the numbers of encounters in the hospital settings.

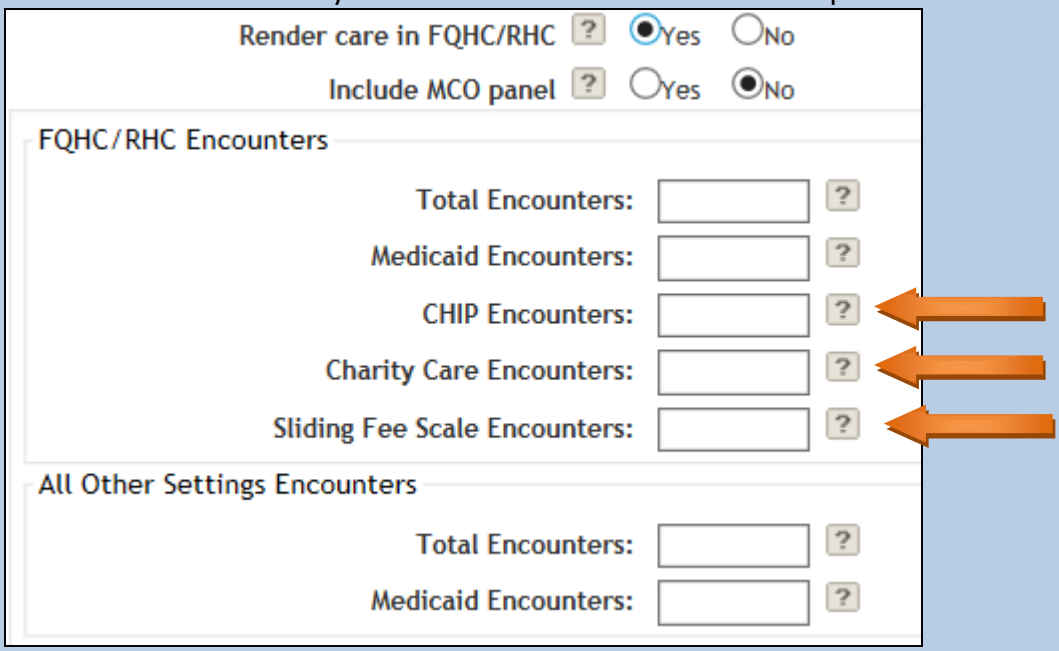


NOTE: Hospital Based Providers are NOT eligible for the EHR Incentive if 90% or more of their encounters are in POS 21 or 23 (Inpatient or Emergency Room).

If you are using Group Proxy you will see this information in a pop-up box on your first application: Tool Tip: It is important to note which EP you attest for first. If we reject anyone in your group for Patient Volume reasons, you have to correct/re-submit this one first. This EP is like an "anchor" that the other group members are attached to and pull their information from.



Render Care in FQHC /RHC? If yes, the form will expand and allow you to enter more information AFTER you answer the "Include MCO Panel" question:



NOTE: If you are applying as a FQHC/RHC and you qualify by using the Medicaid Encounters only, it is optional to fill out the other encounter criteria (CHIP, CHARITY CARE OR SLIDING FEE SCALE).

If you must use the Medically Needy encounters (including MEDICAID, CHIP, CHARITY CARE and SLIDING FEE SCALE) to meet the Patient Volume, the EP must have practiced predominantly in any FQHC/RHC in a continuous 6 month period in the previous calendar year or previous 12 months.

Definitions of encounter types:

Total Encounters: Total encounters (paid or unpaid) for the provider (if applying as an individual) or for the entire group (not just eligible providers). If you have bundled charges or bill for on one claims (such as an OB-GYN provider), then count "all" of the encounters not just the one claim.

Medicaid Encounters: Total Medicaid client encounters (paid or unpaid) for the provider (if applying as an individual) or for the entire group (not just eligible providers). If you have bundled charges or bill for on one claims (such as an OB-GYN provider), then count "all" of the encounters not just the one claim. Medicaid client claims should include any encounters where the client is Medicaid eligible and/or Medicaid pays all or part of premiums or co- pays. (This "excludes" CHIP encounters, see below).

CHIP: Washington Medicaid's CHIP program is a "stand-alone", Title XXI, and must be separated from Medicaid Encounters (**click on the Worksheet below for tools to remove**

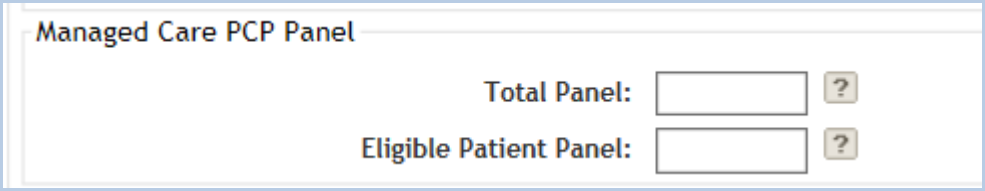
stand-alone encounters if your system does not separate them out). Patient Volume Worksheet

CHARITY CARE: An advance, written agreement that services are at no cost due to income limitations. Uncollectable debt is not charity care.

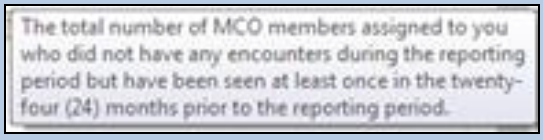
SLIDING FEE SCALE: An advance, written agreement, that services are at reduced cost due to income limitations. Uncollectable debt is not sliding fee scale.

All Other Settings Encounters: Say yes "only" if you are including encounters from other clinics or locations outside your group or practice. It is not necessary to do so, it is a business decision.

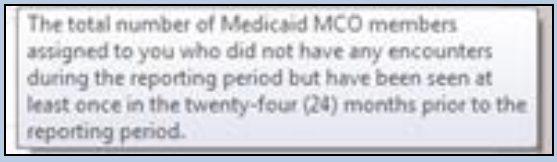
Include MCO (Managed Care Organization) Panel? If you selected NO for "include organization encounters", the form will expand and ask for "optional" MCO information for the EP. If you answer YES, you will get a pop-up window to enter your data. MCO panels are only for Primary Care Physicians that have patients assigned to them as a PCP. The encounters in this section are not total group encounters, but individual only.



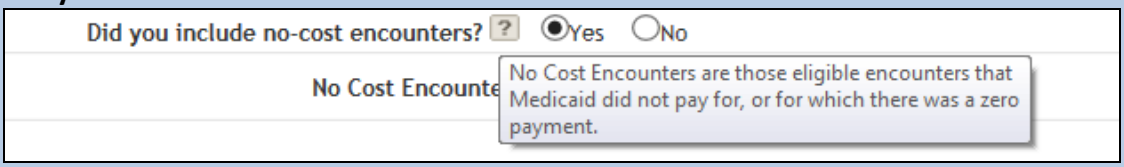
Total Panel:



Eligible Patient Panel:

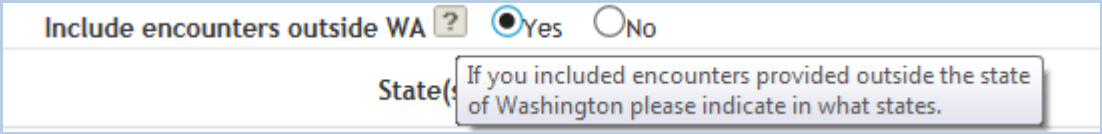


Did you include no-cost encounters:



Did you include no-cost encounters? Yes or **No**
NOTE: This is informational only, and does not affect the patient volume.

Include encounters outside WA:



If yes, the form will expand and ask for more information (this is optional).

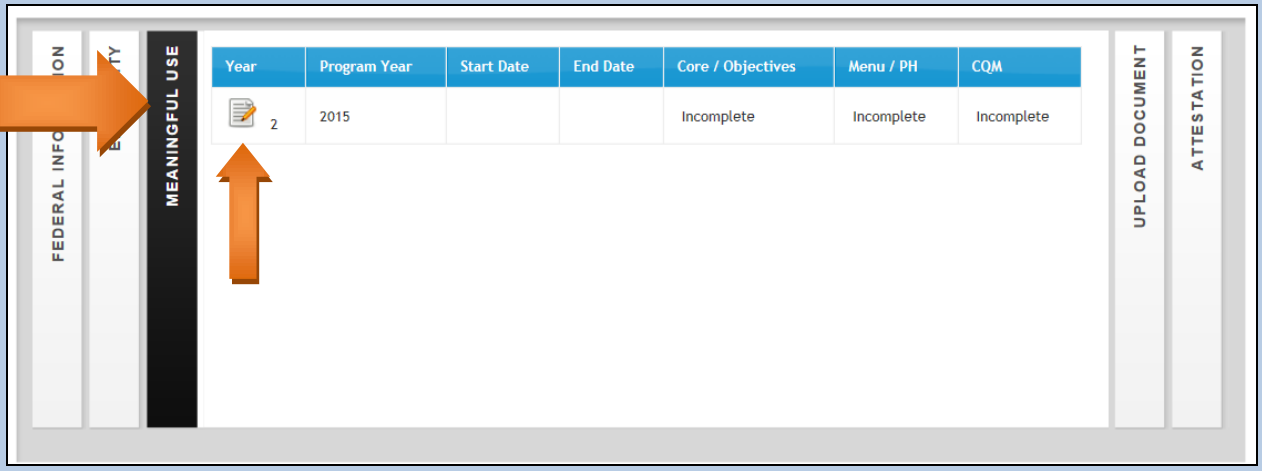
Type in the state(s) where the encounters occurred.

(Continued on next page)

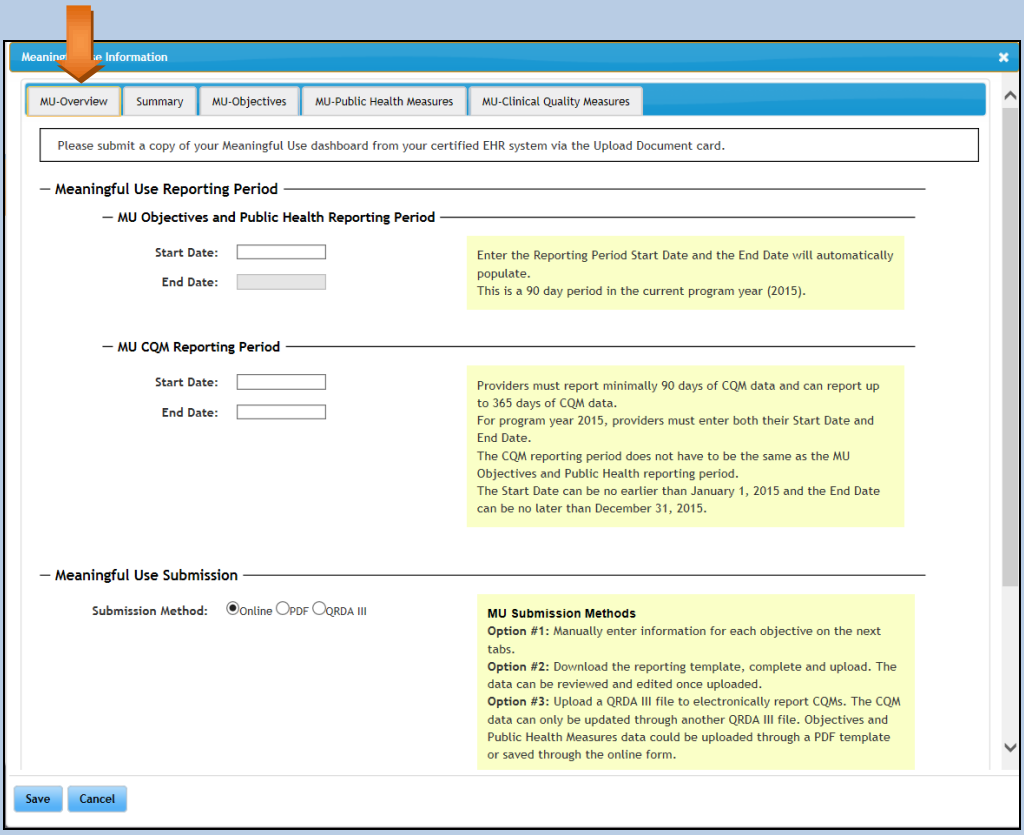
MEANINGFUL USE TAB: (This tab will not be visible if you are in your first year and you choose Adopt, Implement or Update. Skip to the Upload Documentation Tab section.)

Meaningful Use Reporting Period:

Click on the Meaningful Use Tab (Tab will not be present for AIU attestations- skip section). Click on the most recent year's icon:

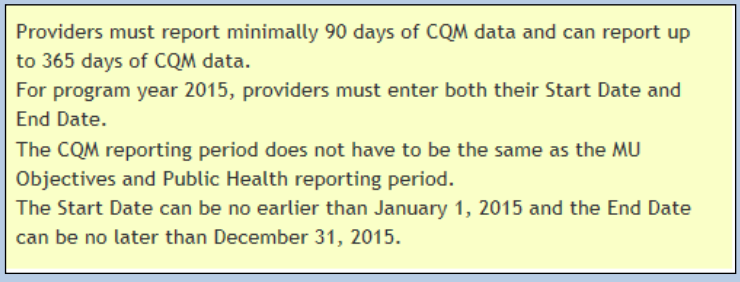


The MU-Overview tab will show first.

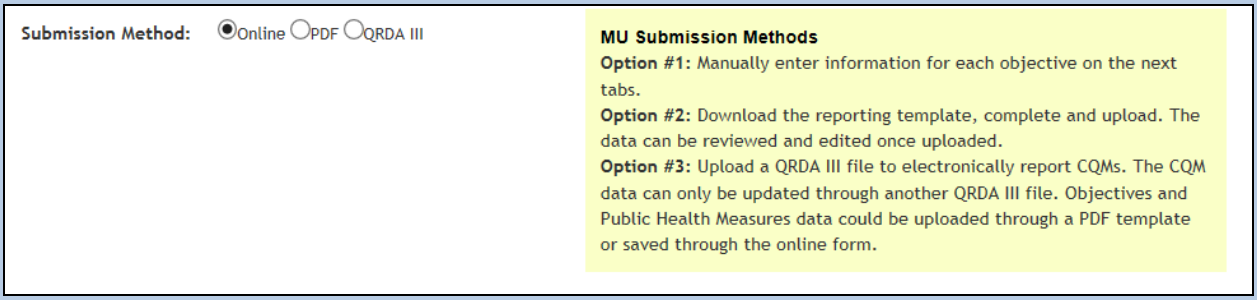


Enter your start date for Public Health Reporting (mm/dd/yyyy).

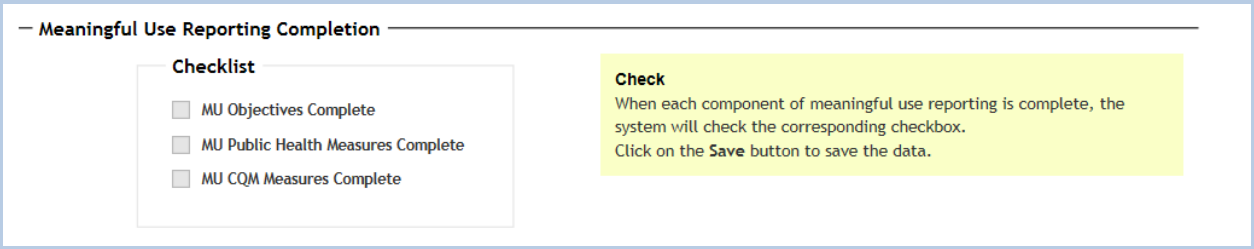
Enter start date AND end date for the CQM reporting period for program year 2015 only. For 2016 you must start with 1/1/16 and it will populate the end date at the end of the year (365 day reporting).



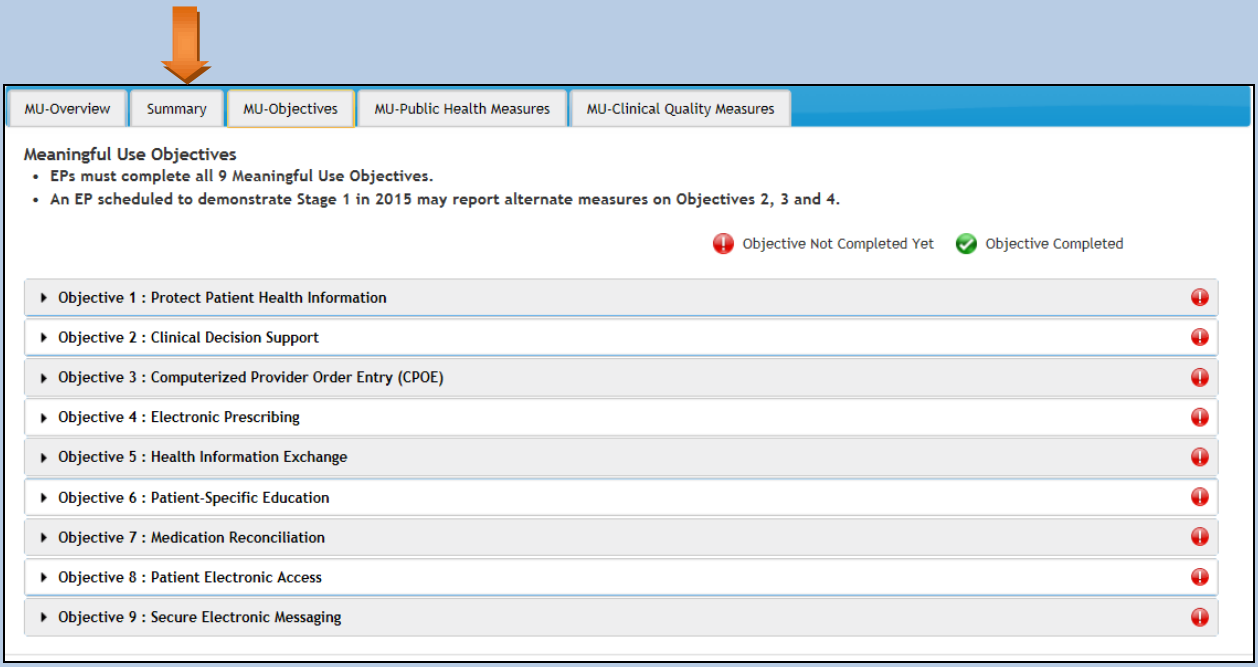
Meaningful Use Submission:



The bottom of this tab shows your status. A checked box will show if you have completed a section.



Helpful Tip: For on-line submissions: Complete and do not hit save at this time unless you wish to save this information and go back to it later. If you wish to continue, scroll to the top and click on the tab MU-Objectives:

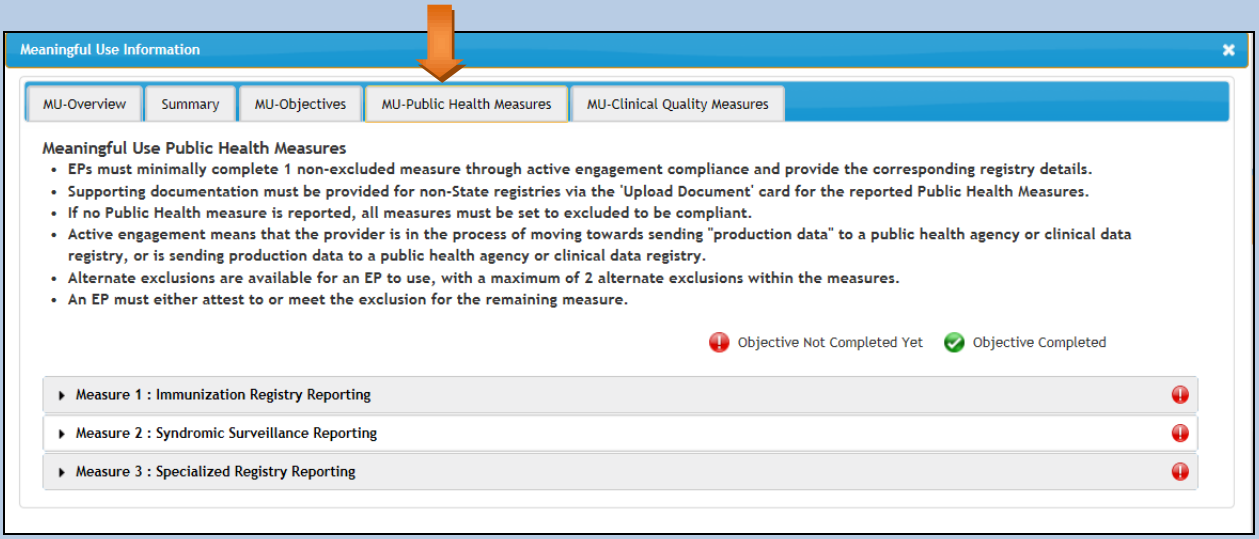


Click on each carrot to open the objective. Answer or exclude to each measure within the objectives. Alternate exclusions are for providers in 2015 ONLY, that had gathered information to attest to Stage 1 (Modified Stage 2). For 2016-2017 program years, these will not be an option.

You will required to provide documentation on 3 Objectives;
1, 6 and 8.
See White Paper #9 for details on our website for details.

Once complete, scroll to the top and click on the MU-Public Health Measures tab, or click to save your answers and go back to it later. Save

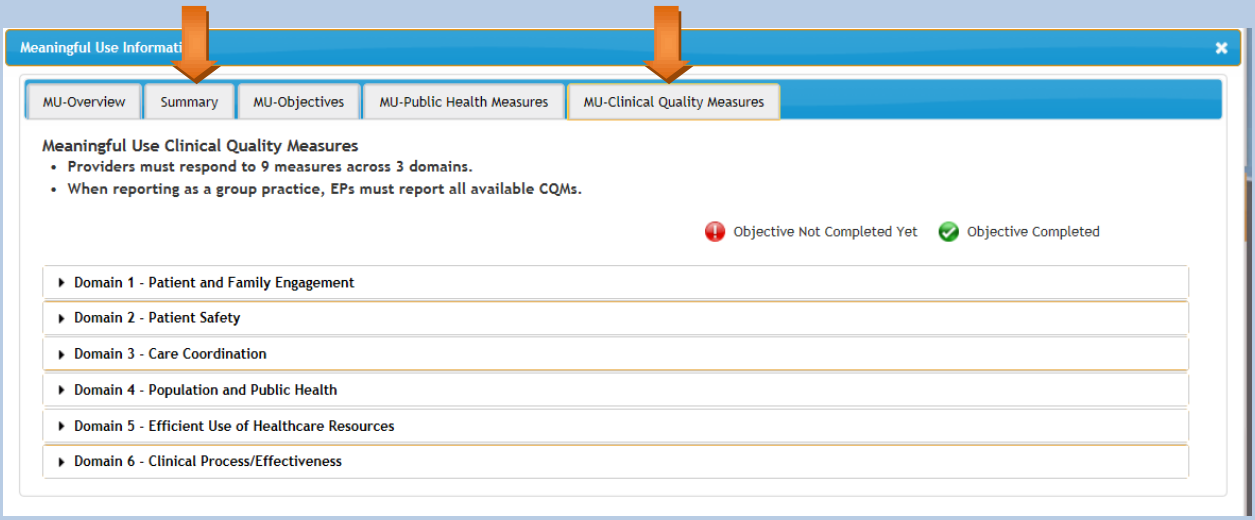
MU-Public Health Measures:



Click on carrot next to each measure and respond to each.

Scroll to the top and click on tab MU-Clinical Quality Measures, or hit Save to continue later.

MU-Clinical Quality Measures

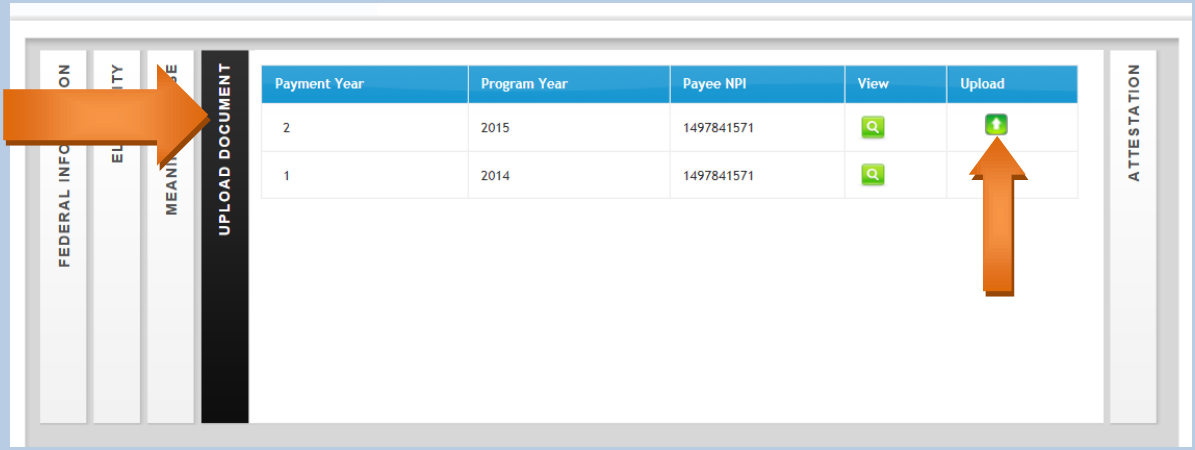


There are 6 "Domains". You only need to <u>respond</u> to 9 measures, but they must be across "at least" 3 Domains. Exclusions count as a "reponse".

HIT  **OR YOU WILL LOOSE YOUR WORK**

You can click on the <u>Summary Tab</u> to get a quick view of your responses.

UPLOAD DOCUMENT TAB:



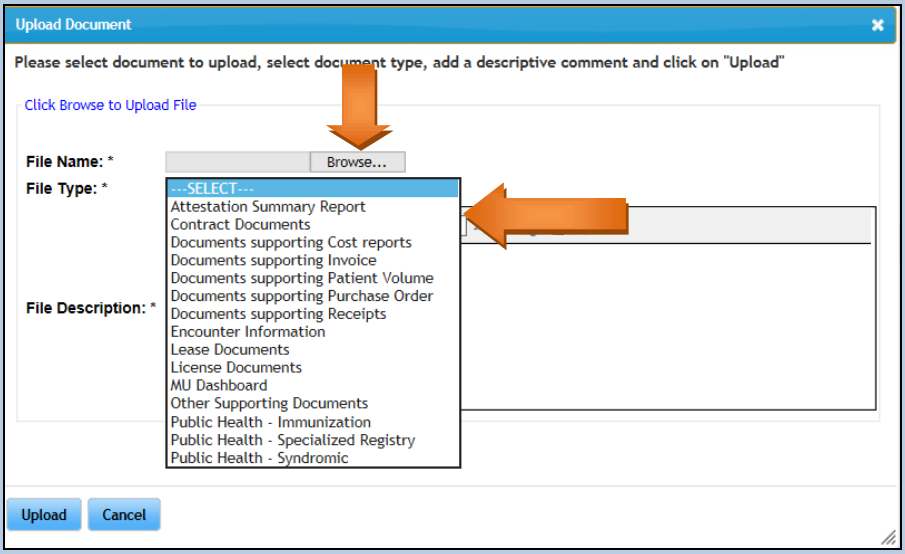
There will be documentation you will be requested to upload into your application at times. Some of these items may be proof that you have access to a complete EHR, an ONC Certificate, letters, reports; etc. We will send an email to the contact email address (on the Federal Information Tab) requesting items we may need you to upload. The document types the system will accept are: .txt, .doc, .docx, .pdf, .xls, and .xlsx

- Click on the **Upload Icon** for the corresponding year
- Click on the **BROWSE** button
- Select the document from your files located on your desktop or laptop computer to upload
- Select the **File Type** from the drop-down
- Type in a file description
- Click the **UPLOAD** button.

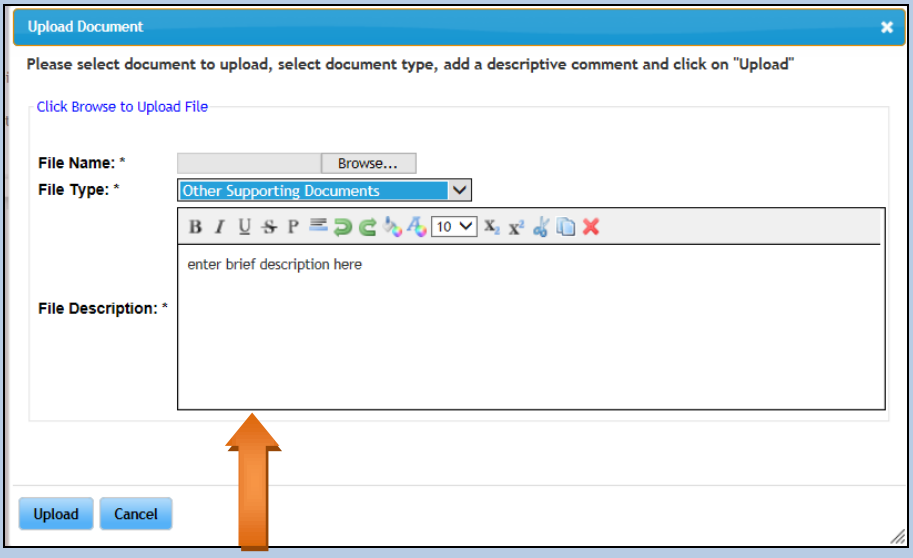
See next page…

Click on Browse to select document to upload.

Use Drop-down to pick File Type:



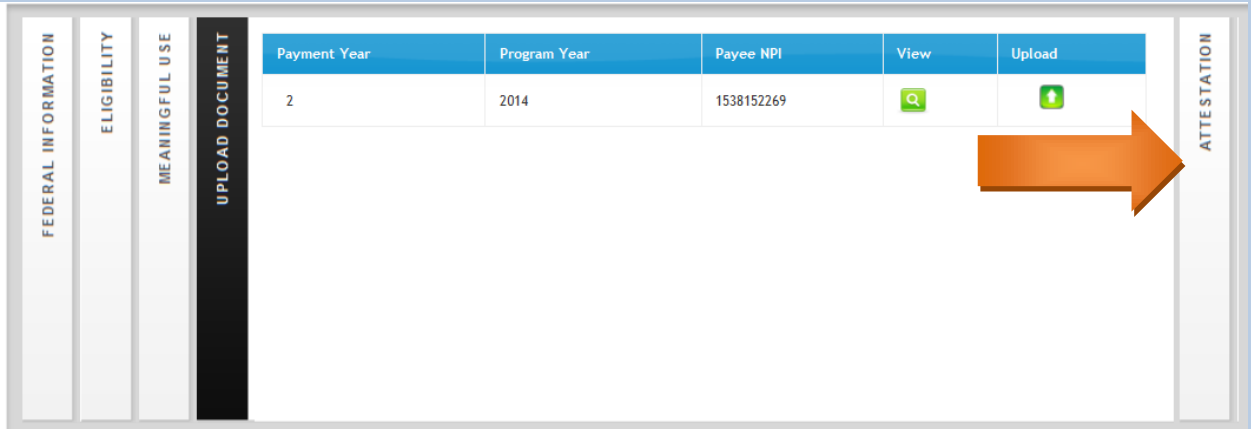
Enter information in the File Descrition box, Click on UPLOAD



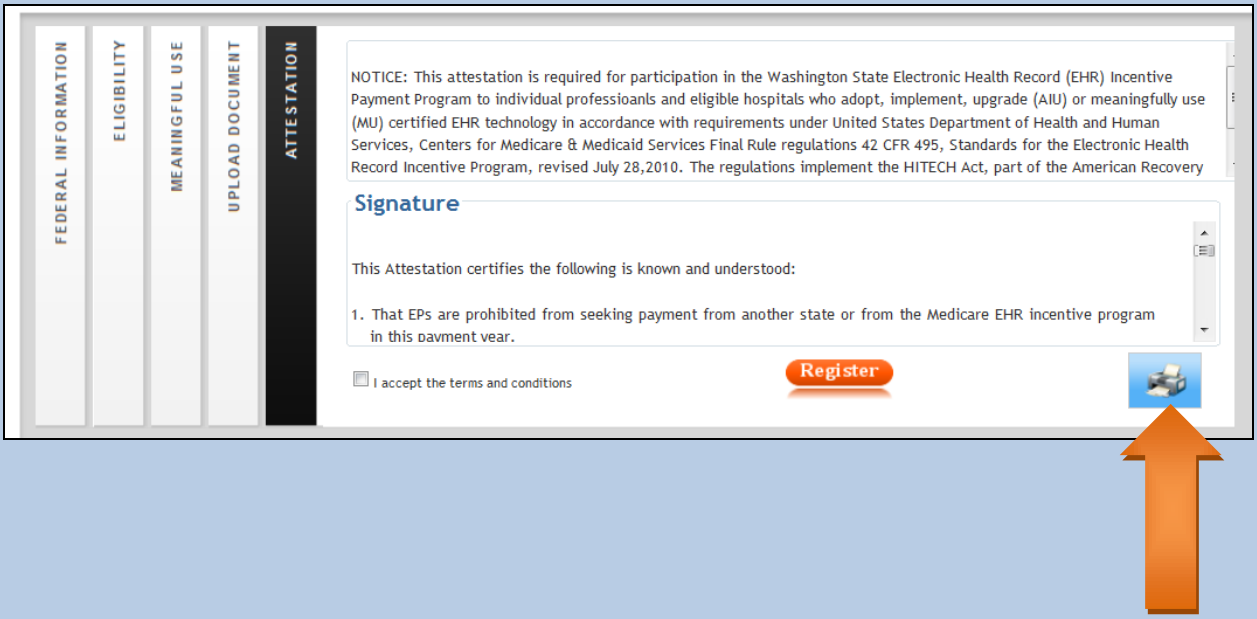
Tool Tip: System required documents are MU Dashboard and Encounter Information. We also require an invoice or proof of payment dated in your program year and a copy of your ONC Certificate showing the number on your eligibility tab for your EHR. Any other needed documents will be requested after your attestation has been reviewed.

ATTESTATION TAB:

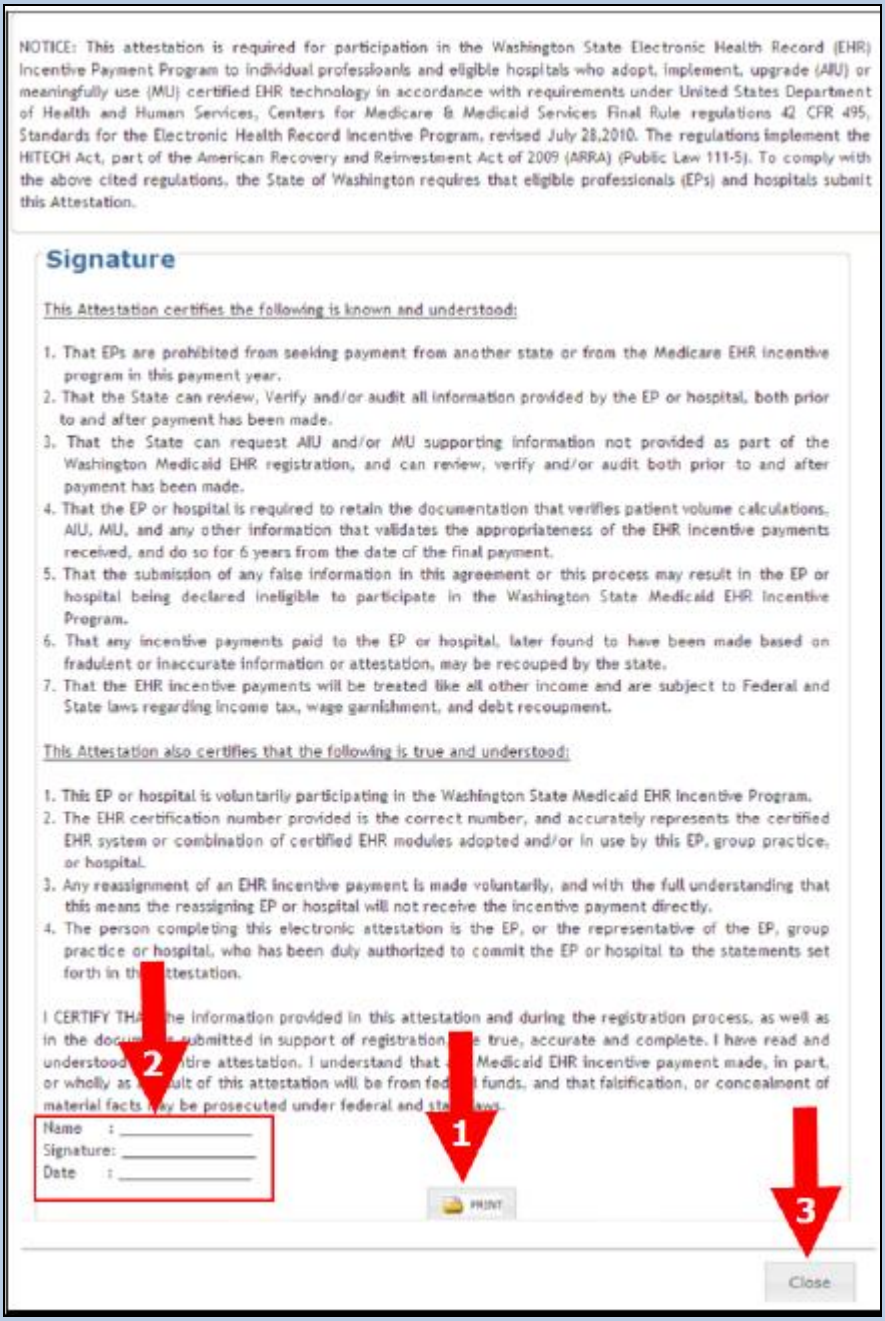
Click on the attestation tab to the right.



By clicking on the Print Preview button, you can read the Attestation document in a larger window. Print a copy of this Attestation for each Eligible Professional to sign and date for your records. Hit the "close" button to return to the application page.



VIEW OF ATTESTATION DOCUMENT:



NOTICE: This attestation is required for participation in the Washington State Electronic Health Record (EHR) Incentive Payment Program to individual professionals and eligible hospitals who adopt, implement, upgrade (AIU) or meaningfully use (MU) certified EHR technology in accordance with requirements under United States Department of Health and Human Services, Centers for Medicare & Medicaid Services Final Rule regulations 42 CFR 495, Standards for the Electronic Health Record Incentive Program, revised July 28,2010. The regulations implement the HITECH Act, part of the American Recovery and Reinvestment Act of 2009 (ARRA) (Public Law 111-5). To comply with the above cited regulations, the State of Washington requires that eligible professionals (EPs) and hospitals submit this Attestation.

Signature

This Attestation certifies the following is known and understood:

1. That EPs are prohibited from seeking payment from another state or from the Medicare EHR incentive program in this payment year.
2. That the State can review, Verify and/or audit all information provided by the EP or hospital, both prior to and after payment has been made.
3. That the State can request AIU and/or MU supporting information not provided as part of the Washington Medicaid EHR registration, and can review, verify and/or audit both prior to and after payment has been made.
4. That the EP or hospital is required to retain the documentation that verifies patient volume calculations, AIU, MU, and any other information that validates the appropriateness of the EHR incentive payments received, and do so for 6 years from the date of the final payment.
5. That the submission of any false information in this agreement or this process may result in the EP or hospital being declared ineligible to participate in the Washington State Medicaid EHR Incentive Program.
6. That any incentive payments paid to the EP or hospital, later found to have been made based on fradulent or inaccurate information or attestation, may be recouped by the state.
7. That the EHR incentive payments will be treated like all other income and are subject to Federal and State laws regarding income tax, wage garnishment, and debt recoupment.

This Attestation also certifies that the following is true and understood:

1. This EP or hospital is voluntarily participating in the Washington State Medicaid EHR Incentive Program.
2. The EHR certification number provided is the correct number, and accurately represents the certified EHR system or combination of certified EHR modules adopted and/or in use by this EP, group practice, or hospital.
3. Any reassignment of an EHR incentive payment is made voluntarily, and with the full understanding that this means the reassigning EP or hospital will not receive the incentive payment directly.
4. The person completing this electronic attestation is the EP, or the representative of the EP, group practice or hospital, who has been duly authorized to commit the EP or hospital to the statements set forth in th ttestation.

I CERTIFY THA he information provided in this attestation and during the registration process, as well as in the docu s submitted in support of registration e true, accurate and complete. I have read and understood tire attestation. I understand that Medicaid EHR incentive payment made, in part, or wholly as sult of this attestation will be from fed l funds, and that falsification, or concealment of material facts y be prosecuted under federal and st laws.

Name :
Signature:
Date :

PRINT

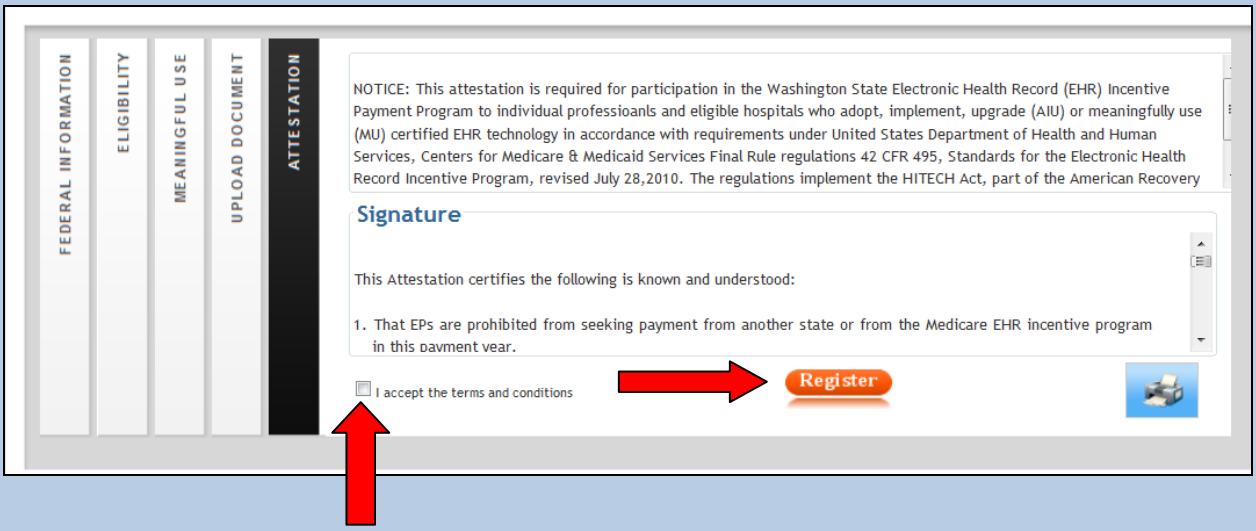
Close

1

2

3

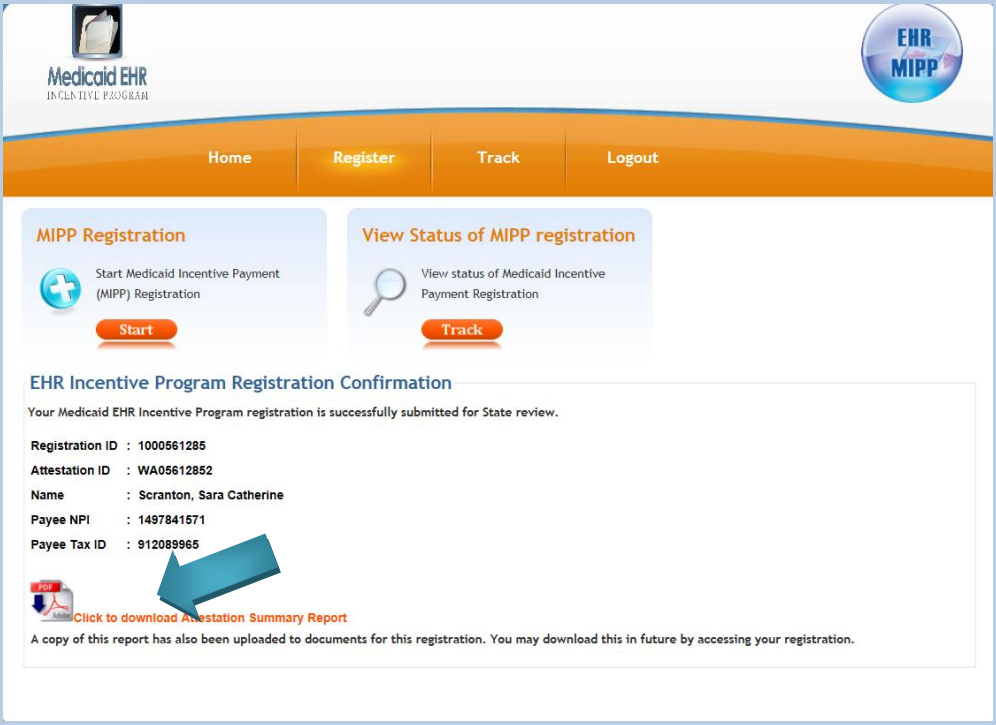
Attest and Submit:

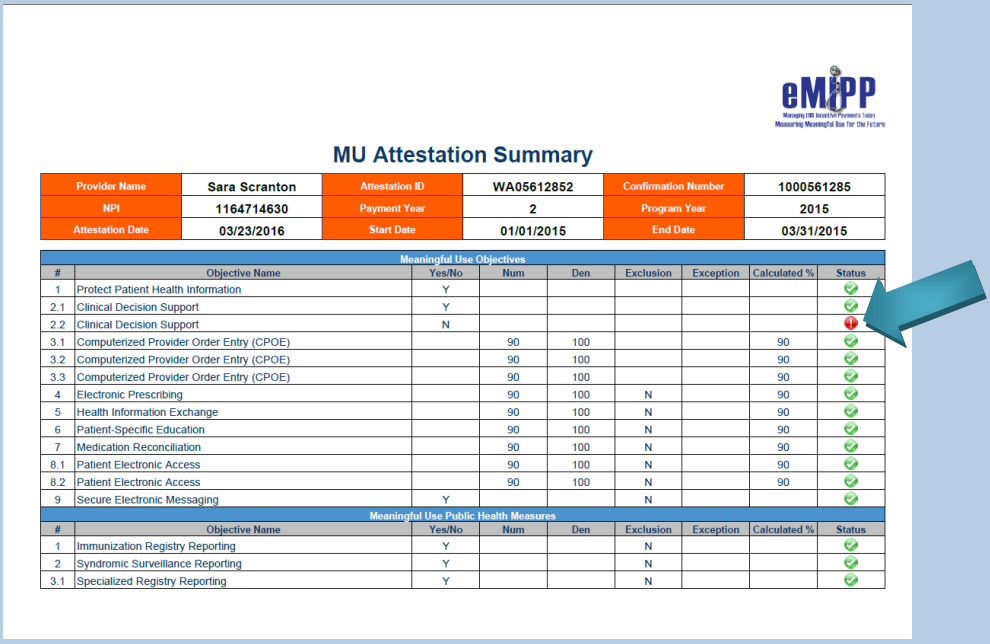


- Click on '**I ACCEPT THE TERMS AND CONDITIONS'**
- Click on "**REGISTER**" button
- Click the **OK** button on the pop-up box:

View your confirmation page.

You will receive an automated email from the Washington State EHR Incentive Program





eMIPP

MU Attestation Summary

Provider Name	Sara Scranton	Attestation ID	WA05612852	Confirmation Number	1000561285
NPI	1164714630	Payment Year	2	Program Year	2015
Attestation Date	03/23/2016	Start Date	01/01/2015	End Date	03/31/2015

Meaningful Use Objectives								
#	Objective Name	Yes/No	Num	Den	Exclusion	Exception	Calculated %	Status
1	Protect Patient Health Information	Y						
2.1	Clinical Decision Support	Y						
2.2	Clinical Decision Support	N						
3.1	Computerized Provider Order Entry (CPOE)		90	100			90	
3.2	Computerized Provider Order Entry (CPOE)		90	100			90	
3.3	Computerized Provider Order Entry (CPOE)		90	100			90	
4	Electronic Prescribing		90	100	N		90	
5	Health Information Exchange		90	100	N		90	
6	Patient-Specific Education		90	100	N		90	
7	Medication Reconciliation		90	100	N		90	
8.1	Patient Electronic Access		90	100	N		90	
8.2	Patient Electronic Access		90	100	N		90	
9	Secure Electronic Messaging	Y			N			
Meaningful Use Public Health Measures								
#	Objective Name	Yes/No	Num	Den	Exclusion	Exception	Calculated %	Status
1	Immunization Registry Reporting	Y			N			
2	Syndromic Surveillance Reporting	Y			N			
3.1	Specialized Registry Reporting	Y			N			

Download Attestation Summary Report for review. If corrections need to be made, contact healthit@hca.wa.gov

When you are finished you can Log Out of eMIPP

GLOSSARY:

CHARITY CARE IN FQHC/RHC: Per CMS, Charity Care is defined as" part of uncompensated and indigent care. Uncompensated care does not include courtesy allowances or discounts given to patients." *[CMS Final Rule, p.144].* Charity care is defined as an inability of a patient to pay for medical care. In comparison, bad debt is an unwillingness of a patient to pay for medical care.

EHR: An electronic health record (EHR)—sometimes called an electronic medical record (EMR)—allows healthcare providers to record patient information electronically instead of using paper records. However, EHRs are often capable of doing much more than just recording information. The EHR Incentive Program asks providers to use the capabilities of their EHRs to achieve benchmarks that can lead to improved patient care.

EHR DOCUMENTATION: Documents showing a business connection with your EHR system. Documents might include an invoice, proof of payment or signed contract. We request 2 of the 3. It is helpful to upload a copy of your ONC Certification as well. Each year we will ask for verification dated within that year such as a "current invoice or proof of payment." We will contact you if more information is needed. You will need to upload into each attestation.

FQHC/RHC: Federally Qualified Healthcare Center/ Rural Healthcare Clinic. When you are applying as a FQHC/RHC and you qualify by using the Medicaid Encounters only, it is "optional" to fill out the other encounter criteria (CHIP, Charity Care or Sliding Fee Scale). CHIP, sliding scale, free care only count toward threshold when working in RHC or FQHC. Tribes can also use the FQHC method.

NEEDY PATIENT VOLUME: When a FQHC/RHC must include encounters from Charity, Sliding Fee and CHIP to reach the 30% patient volume.

NO COST ENCOUNTERS: Encounters that were not paid (denied or zero-pay) for active Medicaid clients. Denials for no "Medicaid Eligibility" are not to be included. It is optional to use these encounters.

ONC NUMBER/CERTIFICATION: A list of certified EHR systems is available through the Office of the National Coordinator for Health Information Technology at: http://oncchpl.force.com/ehrcert/Search

ORGANIZATION NPI: A valid NPI that your Servicing Provider has a business relationship with, that you use in the Eligibility Tab in order to use Group Proxy.

PA-LEAD CLINIC: To be eligible for WA State Medicaid EHR Incentive Program Physician Assistants (PAs) need to have at least 50% of encounters over 6-month period in the prior calendar years in FQHC/RHC setting. Also, PAs should provide verification of either working in PA-led setting or be the Primary Provider (or RHC owner). WA State will accept a signed and dated letter from clinic's Medical Director for the purposes of verification of PA-lead requirement.

PEDIATRICIAN DEFINITION: Washington state defines a "pediatrician" as: A "pediatrician" is an MD, ARNP, or PA (IF they practice in a FQHC or RHC that is led by a PA) who is either (1) board certified in pediatrics, (2) completed a pediatric residency, or (3) maintained a predominantly pediatric caseload in the 90-day period specified by the EP for purposes of calculating patient volume. This definition includes pediatric specialties like pediatric ophthalmology and pediatric cardiology.

PRACTICE PREDOMINANTLY (IN FQHC/RHC): The EP practiced more than 50% of the time in any FQHC/RHC, over a continuous 6-month period, in the previous calendar year or previous 12 months.

UNIQUE PATIENT (Meaningful Use Tab): If a patient is seen by an Eligible Professional more than once during the EHR reporting period, then for purposes of measurment that patient is only counted once in the denominator for the measure. All the measures relying on the term "unique patient" relate to what is contained in the patients medical record. Not all of this informaiton will need to be updated or even be needed by the provider at every patient encounter. This is especially true for patients whose ecnounter frequency is such that they would see the same provider multiple times in the same EHR reporting period. If you are practicing at multiple locaitons, please verify that unique patients are only counted once.

HELPFUL HINTS:

90-DAY ATTESTATION DEADLINE: You have 90 days from the receipt of the letter to attest for WA State Medicaid EHR Incentive Program in state EHR Module (eMIPP). If you are beyond 90-days, go back to your CMS Registration, make any necessary changes and re-submit. This will start the 90-days over. Wait at least 24 hours before you attest in eMIPP.

CLAIMS BILLED THROUGH ANOTHER'S NPI: To be eligible for WA State Medicaid EHR Incentive program, an EP's Medicaid claim(s) have to be verifiable through the ProviderOne system (except for RSN and Take Charge only providers). If you do not bill WA State Medicaid with your own NPI or not enrolled in ProviderOne as a provider, please contact Provider Enrollment Services at: Phone: 1-800-562-3022 (Ext. 16137) or visit their website at: http://www.hca.wa.gov/medicaid/provider/Pages/newprovider.aspx

EHR CERTIFICATION NUMBER (ONC NUMBER): Starting in 2014 you are required, to use a 2014 edition of your EHR system. You can identify a 2014 EHR Certification Number by the 3rd-5th digits. It will have "14E" as those numbers. Contact your vendor for assistance if you do not know where to location that number or if you are unsure you have a 2014 certified product. Starting 2017 it is an "option" to use a 2015 certified product.

ENROLLMENT TAB: Eligibility dates can be in the previous calendar year or the previous 12-months. If you use an Organization NPI and are using Group Proxy, that entire "group" must attest the same way. If you apply as individuals, that entire group must apply in that same way. You may "create" different group in your organization by location, specialty; etc, as long as it is a "logical" group.

ENROLLMENT YEARS (STAGES):

AIU (not considered a "stage," since it can be skipped and is only through Medicaid).

Year 1- 90 days of reporting.

Year 2 and beyond- For 2015 attestations you may use a 90-day reporting period. 2016 and forward you must attest and 365 days (whole calendar year).

FEDERAL INFORMATION TAB: Information comes from CMS, so changes/updates have to be made there. Make sure the contact information is current/correct. This is who we contact if there are questions and who the automated emails go to. The Payee NPI and Tax ID. The tax liability goes to the Payee NPI and cannot be changed once payment has been issued.

MENTAL HEALTH CLINIC THAT ONLY BILLS THROUGHT THE RSN: Medicaid will accept a letter from the clinic, on letterhead, that confirms that the EP bills their Medicaid encounters to the RSN.

LOG ON ISSUES (Password/User ID/Missing Profile): Contact Security at: provideronesecurity@hca.wa.gov

TRACK vs. START: After you enter the Registration number, click on the orange **START** button. The TRACK button is only for checking status or uploading documents after your have submitted.

WHEN TO APPLY FOR THE NEXT PAYMENT YEAR: CMS drives the timing. When they determine it is time for you to apply for the next year they send an interface to us that updates your status in eMIPP. We then generate an email to the contact on the application letting them know it is time to apply. One more reason to keep your contact information updated at CMS.

CONTACT INFORMATION:

CMS CONTACTS:

CMS EHR CONTACT: 1-888-734-6433 (Option 1)

CMS SECURITY CONTACT: 1-866-484-8049 (Option 3) For questions about CMS logon.

HCA EHR Web Page: http://www.hca.wa.gov/healthit

ProviderOne Security: Provideronesecurity@hca.wa.gov

HCA EHR Contact: HealthIT@hca.wa.gov or 360-725-9989 to leave a message for our team.

CMS launched the eHealth webinar series to educate eligible professionals (EPs) about the eHealth programs and resources available. The PowerPoint presentations and recordings from past webinars can now be accessed on the Resources page of the **eHealth website**.

http://www.cms.gov/eHealth/resources.html

Scroll down to "**PAST WEBINARS.**" There will be many helpful webinars regarding the EHR Incentive Program and Meaningful Use.